

**CHUGACH ALASKA CORPORATION
EFT TRANSMITTAL AUTHORIZATION**

Please complete the appropriate section(s) below indicating participation in the EFT (Electronic Funds Transfer) for all accounts payable payments.

EFT DEPOSIT

I hereby authorize and request Chugach Alaska Corporation (CAC) to deposit my payment as indicated below:

Name of Bank/Financial Unit: _____ Checking OR Savings

DECLINATION TO PARTICIPATE

I have been offered an opportunity to participate in the EFT Program but decline.

This authorization permits CAC to initiate credit entries and, if necessary, debit entries and adjustments for any credits in error to my account. This authorization is to remain in full force and is effective until CAC has received written notification from me requesting its termination.

CAC deserves the right to discontinue EFT payments at any time due to system failures or any incidents beyond the control of the company.

I have attached a voided check or other financial institution document for the bank reflected above showing my account number and routing number. Deposit slips, Withdrawal slips and bank statements are NOT acceptable (see guidelines on back).

SUBMIT COMPLETED FORM TO:

Chugach Alaska Corporation
Attn: Shareholder Services Department
3800 Centerpoint Dr., Ste. 601
Anchorage, Alaska 99503

Name (Print) _____

Signature: _____ Date: _____

*****STAFF USE ONLY*****

Action Taken

Verified SH: Yes _____ No _____ Form Complete: Yes _____ No _____

If No - Explain: _____

Copy Sent to A/P: Yes _____ No _____ Date Sent/By: _____

Date Data Entered/By: _____ SHAREHOLDER SSN: _____